

## FLOOD SHELTER DISEASE SURVEILLANCE

Facility Name			
City		State	Zip Code
Facility Telephone Number		Facility Fax Number	Facility E-mail
Reporter's Name		Current Facility Census	Facility Capacity
Reporting Window: Date	Time	To Date	Time

**THIS FORM MUST BE REPORTED DAILY BY FAX to the Communicable Disease and Epidemiology Section at 406.444.0272.** If unable to fax, or to report unusual disease occurrences, please call 406.444.0273.

**Do not count a person more than once (on this report form) and be as specific as possible. (For example, if you suspect measles, classify as such; otherwise classify as rash). Persons should be classified by the most severe symptom or suspect illness that represents their condition.**

Symptom Category	# Patients evaluated or treated	#Patients referred to another facility for care
<b>Epidemic Disease Potential</b>		
Fever >100.4° F (38° C) ALONE without localizing signs.		
Watery diarrhea (three or more watery bowel movements per day)		
Bloody diarrhea		
Vomiting (one episode or more)		
Influenza-like illness (fever and either cough or sore throat in the absence of a known cause)		
Viral hepatitis, suspected (jaundice, +/- fever)		
Meningitis/encephalitis, suspected (fever, mental status change, focal neurological deficits)		
Conjunctivitis (red eyes, ocular discharge)		
Rash (change in skin color, itchy, dry or cracked skin, raised painful blisters)		

Did you have any deaths within the past 24 hours? ☐ Yes ☐ No

If yes, number of deaths past 24 hours? \_\_\_\_\_

Do you need assistance with, or additional resources for:

	Yes	No		Yes	No
Physician staffing	<input type="checkbox"/>	<input type="checkbox"/>	Nursing staffing	<input type="checkbox"/>	<input type="checkbox"/>
Pharmacist staffing	<input type="checkbox"/>	<input type="checkbox"/>	Mental health staffing	<input type="checkbox"/>	<input type="checkbox"/>
Sanitation/Environmental health	<input type="checkbox"/>	<input type="checkbox"/>	Medications/Drugs/ Pharmacy supply	<input type="checkbox"/>	<input type="checkbox"/>

Additional Comments/Concerns: \_\_\_\_\_

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